FROM ROGITZ 61	9 338 8078	FARI		HU) MAR 9 2006 12	:18/ST.12:17/No.6	3833031893 P 1	
Complete and send	this form, together w.	applicable		Commissioner i P.O. Box 1450			
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John L. Rogitz, Esq. ROGITZ & ASSOCIATES Suite 3120 750 "B" Street				I hereby certify that ( States Postal Service addressed to the Matransmitted to the US	<i>(</i> )	numbraion  ng deposited with the United  inst clars mail in an envelope  8 above, or being facsimile  date indicated below.  (Depositors name)	
03/10/2008 TESHAN 2008			March	- Gryggei	(Signature)		
02 FC:1504  APPLICATION NO.	300.00 OP	Υ	FIRST NAME	DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
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APPLN. TYPS	SMALL ENTITY	ISSUB F	186	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	04/20/2006	
EXAMINER		ART UN	UT .	CLASS-SUBCLA SS	1		
BUDD, MARK OSBORNE		2834		310-316010	J		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless un assignee is identified below, no assignee data will arrorar on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.							
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(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Suren Systems, Ltd. Hong Kong. China							
I'lease check the appropriate assignce category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
				☐ A check in the amount of the fee(s) is enclosed.  ☐ Fayment by credit card. Form PTO-2038 is attached.			
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